Core Practice Model Fiscal Task Force
Final Recommendations
October 2013

1. Statewide Adoption of the Core Practice Model

The Core Practice Model (CPM) Fiscal Task Force considered fiscal strategies that would support counties with implementing the CPM statewide. This section of the strategic plan contains recommended actions related to two strategies that support implementation of the CPM. The first strategy relates to training, coaching, and supervision. The plan includes recommended actions to finance the provision of training, coaching, and supervision that support line staff in delivering child welfare and mental health services to Katie A. class and subclass members within the CPM framework, and to support supervisors in sustaining implementation of the CPM. The second strategy relates to aligning child welfare and mental health program policy. The strategic plan includes recommended actions to better align child welfare and mental health program policy.

1.1. Financing Training, Coaching, and Supervision

County child welfare and mental health departments need to work with each other and the State to coordinate the consistent content of training and coaching to assist line staff, subcontractors, families, and other support persons acquire the skills needed to implement the CPM with fidelity. Training and coaching are also needed for supervisors to provide ongoing supervision necessary to sustain the CPM over time. Counties should consider the inclusion of stakeholders in such activities for the benefit of all parties involved in the CPM framework.

County child welfare and mental health departments may not have the resources needed to purchase the kind of focused and coordinated training and coaching that is needed for their line staff, subcontractors, families, and other support persons to acquire the skills necessary to implement the CPM and for supervisors to sustain implementation of the CPM. It is recognized that extensive initial and ongoing resources are needed for training, coaching, and supervision to ensure fidelity to the CPM. All parties involved in the CPM should be encouraged to review the resources that additionally may be available for these purposes. Providing services through the CPM also is expected to result in better outcomes for children and youth at a lower cost, which will free up resources that could be invested in the provision of ongoing training and supervision. The following recommended actions are intended to invest additional resources into training, coaching, and supervision of the CPM.

Recommendation 1.1.1 – The California Department of Social Services and Department of Health Care Services Should Work with the County Welfare Directors Association, California Mental Health Directors Association, and Other Stakeholders to Develop a Plan that Invests Existing Resources into the Provision of Coordinated and Aligned Training and Coaching that Assists Line Staff, Supervisors, Subcontractors, Family Members, and Other Support Persons with Acquiring the Skills Needed to Implement and Sustain the Core Practice Model Statewide

The California Department of Social Services (CDSS), Department of Health Care Services (DHCS), county child welfare departments, and county mental health departments have resources that may be used to finance the provision of training and/or coaching. A number of private foundations are interested in financing projects that align with the values, principles, and intended outcomes of the CPM. The challenge is to coordinate all of these resources to provide consistent training and coaching to county child welfare staff and supervisors, county mental health staff and supervisors, subcontractors, family members, and other support persons that are integral to implementing the CPM with fidelity.

The CPM Fiscal Task Force recommends that CDSS and DHCS work with the County Welfare Directors Association (CWDA), California Mental Health Directors Association (CMHDA), and other stakeholders to develop a plan that invests available federal, state, and county resources, including private foundation grants, into the provision of coordinated and aligned training and coaching for county child welfare and mental health line staff and supervisors, subcontractors, family members, and other support persons to acquire skills needed to implement and sustain the CPM. This plan should explore, but need not be limited by, the following resources:

The Department of Health Care Services' Training Contract with the California Institute for Mental Health (CIMH): The DHCS contracts with CIMH to provide training and technical assistance to county mental health departments. In the past, this contract funded a Wraparound community development team that provided training and coaching to assist five counties implement and administer a Wraparound program. The CIMH worked with experts from Vroon Vandenberg, LLP to provide coaching and experts from the University of Washington to monitor fidelity to the model. The CPM Fiscal Task Force recommends that DHCS explore opportunities to include integrated training and coaching of the CPM in its contract with CIMH.

The California Department of Social Services' Existing Contracts with the Regional Training Academies: The CDSS contracts with several universities to administer four regional training academies, which provide training and technical assistance to county child welfare departments. The CPM Fiscal Task Force recommends that CDSS work with the universities that administer these four regional training academies to explore opportunities

to include integrated training for county child welfare employees, county mental health employees, other service providers, and family members to implement the CPM.

The California Mental Health Services Authority (CalMHSA): CalMHSA is a Joint Powers Authority (JPA), whereby member counties act collectively as a single entity. Part of its mission is to provide member counties with a flexible, efficient, and effective administrative and fiscal structure focused on collaborative partnerships and pooling efforts in development and implementation of common strategies and programs. As a result, there may be opportunities for counties to develop projects that support joint training and coaching through the CalMHSA JPA. The CPM Fiscal Task Force recommends that CDSS and DHCS work with CWDA, CMHDA and other stakeholders to explore opportunities to partner with CalMHSA at a state, regional, or county level in order to develop shared approaches to training and coaching on the CPM.

Private Foundation Grants: Private foundations typically fund projects for a short time with the expectation the grantee will be able to sustain the project over the long-term. County child welfare and mental health departments need training and coaching to support the acquisition of knowledge and skills necessary to implement the CPM with fidelity. Once line staff and supervisors acquire the knowledge and skills to implement the CPM, the county should be able to sustain the project with savings. There are a number of private foundations interested in funding projects that are intended to improve outcomes for children in the child welfare system, which is the goal of the CPM. The Zellerbach Foundation, Casey Family Programs, and the California Wellness Foundation are some foundations that counties might approach.

While counties may not be able to use private foundation grants for the non-federal share of Title IV-E training costs, counties might partner with a training organization, such as CIMH or institutions of higher education, to seek private foundation grants that leverage existing funding that might come from other sources. The counties or state agencies might also contract with CIMH to leverage funding from private foundations or other sources to expand their capacity to provide training and coaching. The CPM Fiscal Task Force recommends that CDSS and DHCS work with CWDA, CMHDA and other stakeholders to issue a joint document advising county mental health and child welfare departments to explore private foundation grants in partnership with private and/or public training organizations to fund training and coaching of the CPM.

The California Child Welfare Co-Investment Partnership: The California Child Welfare Co-Investment Partnership is a collaborative group of state agencies – including CDSS and CWDA, foundations, and other non-profit organizations whose purpose is improving the lives of children and families in or are at risk of entering the State's child welfare system. One of the Partnership's co-investment activities is to connect child welfare and mental health services. This co-investment activity might be leveraged to invest in training

and coaching to implement the CPM. The CPM Fiscal Task Force recommends that CDSS and CWDA explore opportunities with the California Child Welfare Co-Investment Partnership to develop a project that encourages investment in integrated training and coaching to implement the CPM.

1.2. Align and Clarify Child Welfare and Mental Health Programs

Many service providers deliver both mental health and child welfare services to children in the child welfare system. These service providers often experience difficulty reconciling or integrating the multiple and, at times, competing or conflicting program expectations of county child welfare and mental health departments. Many providers deliver services under contracts with multiple county mental health departments. Some of these providers experience difficulty as a result of county mental health or child welfare departments using different interpretations of the same program policies. Aligning and clarifying programs among, as well as across, county mental health and child welfare departments, is expected to incentivize providers to deliver integrated child welfare and mental health services that are consistent with the CPM. This section of the strategic plan contains recommendations that are intended to better align and clarify child welfare and mental health programs and procedures to encourage full adoption and implementation of the CPM by service providers.

Recommendation 1.2.1 – The Department of Health Care Services Should Publish a Comprehensive EPSDT Documentation Manual Similar to the Documentation Manual prepared by the California Institute for Mental Health

Providers of mental health services should have clear and consistent rules related to Medi-Cal billing and documentation. This would help minimize confusion for providers that contract with multiple counties to provide mental health services to Medi-Cal beneficiaries, and also for families and youth who interact with more than one county.

The CPM Fiscal Task Force recommends that the State publish a comprehensive manual that builds on the ICC & IHBS Manual and the CPM Guide, and which addresses services, activities and appropriate documentation, as they are defined in state plans, for which federal reimbursement may be available to a county mental health department. Specifically, this documentation and billing manual should provide clear guidance regarding what is and is not an allowable specialty mental health service. The CPM Fiscal Task Force recommends that this documentation manual be similar in scope to the documentation manual previously prepared by CIMH, and be written for use by quality assurance coordinators, line staff and supervisors who deliver mental health services to children and families. Doing so would assist efforts to achieve consistent interpretation of rules statewide, and help avoid unnecessary negative impacts to service delivery. As part of this recommendation, the CPM Fiscal Task Force further recommends that, to the extent feasible, efforts be made to align the goals, objectives, and terms and conditions

that are included in provider contracts. Furthermore, counties should be encouraged to identify and document any procedures or policies that vary from the state and federal guidance in this new comprehensive manual.

Recommendation 1.2.2 – The Department of Health Care Services and California Department of Social Services Should Prepare Clear Written Guidance for Counties and Providers Regarding Proper Cost Allocation

County programs and contract providers that render both child welfare and specialty mental health services are uniquely situated to integrate the planning and delivery of those services through the CPM. Appropriately allocating costs to child welfare and specialty mental health programs is critical to avoid potential audit exceptions. Clear guidance from the State regarding proper cost allocation will assist counties and providers to avoid errors and potential audit exceptions. The CPM Fiscal Task Force recommends that CDSS and DHCS work with CWDA, CMHDA and other stakeholders to prepare clear written guidance for counties and providers regarding proper cost allocation between child welfare and mental health programs.

2. Reducing Group Home and Other Institutional Placements

The CPM Fiscal Task Force explored methods and options for reducing reliance on group homes and other institutional placements. This section of the proposal contains the CPM Fiscal Task Force's recommendations for reducing group home and other institutional placements. The section is organized into four methods and options, which are (a) shortening the length of stay in group homes and other institutional placements using crisis stabilization and short-term treatment services, (b) pilot programs that demonstrate the effectiveness of alternatives to group homes for high needs and/or high-risk youth, (c) ensuring the availability of community-based services that support successful transition from higher levels of care, and (d) reconfiguring multi-agency screening committees both to provide timely access to mental health services and supports and to reduce the use of or reliance on group home care. Although not included here, the cover letter transmitting these recommendations notes other efforts underway in this area, as well.

2.1. Shortening the Length of Stay in Group Homes Using Crisis Stabilization and Short-Term Treatment Services

Knowledge gained from previously implemented pilot programs in California, as well as national research in the field of child welfare, indicate that long-term group home placements are not in the best interests of children and youth, and do not effectively meet their mental health needs. County child welfare departments may be better supported to meet the needs of children and youth in the child welfare system if group home placements are available for short-term treatment and/or crisis stabilization.

The CPM Fiscal Task Force fully recognizes that this model may pose a financial challenge for group home providers due to increased risks of vacancies, as well as a need to reconfigure regulations and payment structures for group home providers. Current rules do not enable a group home provider to bill while a bed is not occupied. Therefore, fiscal models need to be developed that support availability on an as-needed basis. Regulations and payment structures for group home providers may need to be re-configured in a manner that results in short-term treatment and/or crisis stabilization beds being available when needed and might be based upon the model used in other 24-hour licensed crisis residential treatment facilities.

Recommendation 2.1.1 – The California Department of Social Services Should Consider Updating Current Regulations and Payment Structures for Group Home Providers in a Manner that Results in Short-Term Treatment and/or Crisis Residential Beds Being Available When Needed

The current AFDC-FC group home rate-setting system might be reconfigured to better support the provision of short-term treatment and/or crisis residential services to children and youth in the child welfare system. The current rate-setting system was developed in the late 1980s when the average length of stay in a residential facility was 24 months or longer. The rates were developed based upon the premise that, on average, 90 percent of the beds in these programs would be occupied. The average length of stay in a group home that provides short-term residential treatment or crisis stabilization services is expected to be much less than 24 months, with far higher rates of resident turnover, and a significantly higher risk of vacancies. A new rate-setting system and other regulatory modifications might better support the provision of short-term residential treatment and/or crisis residential services for children and youth in the child welfare system.

Recommendation 2.1.2 – The California Department of Social Services and California Department of Health Care Services, with Input from Stakeholders, Should Explore Opportunities to Build Upon the Knowledge Gained from Prior Efforts to Shorten the Length of Stay in Group Homes and Other Institutional Placements

Alternative approaches to reduce the length of stay or eliminate placements in group homes have been piloted in California over the past 15 to 20 years. These efforts include, but are not limited to, California Wraparound (Senate Bill 163, Chapter 795, Statutes of 1997) and Residentially Based Services (Assembly Bill 1453, Chapter 466, Statutes of 2007). Both of these efforts increased flexibility to participating counties related to foster care funding and rates, with the requirement that the program not increase state General Fund costs. The California Wraparound program has been implemented in 47 counties and is no longer considered a pilot. The program has demonstrated significant improvements in outcomes and financial savings. The alternative model implemented through AB 1453 is currently being evaluated.

The CPM Fiscal Task Force recommends that CDSS and DHCS work with CWDA, CMHDA and other stakeholders to explore opportunities to build upon the knowledge gained from prior efforts to reduce the length of stay in group homes.

2.2. Pilot Programs that Demonstrate Effective Alternatives to Group Homes

A number of alternatives to group home care have been tested and shown to be effective in California and nationally. Based upon this experience, the CPM Fiscal Task Force believes that CDSS and DHCS already understand what is needed to implement effective alternatives to group home care, and does not believe it is necessary to establish pilot programs to demonstrate this further. While the CPM Fiscal Task Force has not developed any recommendations in this subsection, it should be noted that counties might need assistance in bringing known best practices to scale across the State.

2.3. Enabling Services That Support Successful Transitions to Permanency

Providing mental health services to children, youth, and their families to facilitate a more rapid transition into the community is critical to ensuring permanency. When a child is adjudicated a dependent and is placed out of home, that child is eligible for Medi-Cal. While enrolled in Medi-Cal, the child or youth is entitled to medically-necessary specialty mental health services. Sometimes, a child loses Medi-Cal eligibility when he or she returns to his or her family. At that time, the child or youth may lose access to the kind of medically-necessary services that are needed to ensure a successful transition home. Alternative funding or continuance of Medi-Cal eligibility is needed to continue to provide mental health services to that child. Implementation of the Patient Protection and Affordable Care Act (ACA) is expected to expand access to mental health services for children and youth and positively impact this issue in the future.

Recommendation 2.3.1 – The Department of Health Care Services Should Work with County Child Welfare and Mental Health Departments to Produce an Information Notice that Encourages Counties to Invest Mental Health Services Act or 1991 Realignment Funds into Transition Programs Designed to Increase Placement Stability

Counties receive funding from the Mental Health Services (MHS) Fund and 1991 Realignment to provide services to individuals who meet the target population criteria found in California Welfare and Institutions Code (W&IC), Section 5600.3.[1] As long as a child meets the target population criteria in W&IC, Section 5600.3, counties may use funding from the MHS Fund or 1991 realignment to provide needed mental health services to assist that child to remain at home.

[1] The majority of funding distributed from the Mental Health Services Fund is intended to provide mental health services to children, youth, adults, and older adults who meet the target population in W&IC Section 5600.3. A smaller percentage of the funds (e.g., funds for prevention and early intervention programs) are not limited to services provided to the target population.

Counties may establish programs that are intended to increase the rates of stable situations. If continued mental health services provided to individuals who are no longer involved in the child welfare system is part of a strategy to increase stable situations, county mental health departments might invest in those services. The CPM Fiscal Task Force recommends that DHCS work with counties to produce an information notice that outlines the benefits of transition services and encourages county mental health departments to invest available 1991 Realignment and MHSA funds into the provision of those types of services.

Recommendation 2.3.2 – The California Department of Social Services and Department of Health Care Services, with Input from Stakeholders, Should Explore Opportunities Under the Affordable Care Act to Increase Access to Mental Health Services to Increase Placement Stability

In addition to expanding enrollment in health insurance and expanding access to mental health services, the ACA includes other opportunities that might improve care provided to children in the child welfare system, and thereby increase the number of permanent placements. For example, there are a number of provisions within the ACA that may support implementation of a Medical Home Model. The CPM Fiscal Task Force recommends that CDSS and DHCS work with CWDA, CMHDA and other stakeholders to explore opportunities under the ACA to increase access to mental health services to increase permanency for children and youth leaving the child welfare system.

2.4. Reconfiguring Interagency Placement Committees

Interagency Placement Committees (IPCs) are established in W&IC, Section 4096. Each county IPC is required to establish a procedure to assess children and youth who are to be placed in a group home with Rate Classification Level (RCL) 13 or 14 to determine whether or not they have a serious emotional disturbance, as defined in W&IC Section 5600.3, and need the level of care provided in RCL 13 or 14 group homes. W&IC Section 11462.01 requires RCL 13 or 14 group home providers to agree not to accept children and youth for placement unless the IPC has approved the placement as described in Section 4096. Some counties also use their IPCs to manage out of home placements for youth with lower level needs.

The IPC process should not limit access to appropriate mental health services because of the availability of resources rather than the child or youth's needs. This part of the proposal includes recommendations intended to help resolve this concern. Access to appropriate mental health services should be consistent with a county mental health department's obligation to provide all medically-necessary mental health services to children and youth enrolled in the Medi-Cal program.

Recommendation 2.4.1 – The California Department of Social Services and the Department of Health Care Services, with Input from Stakeholders, Should Explore the Role and Continued Viability of Interagency Placement Committees and Propose Any Necessary Statutory Amendments to Clarify Their Role

The CPM Fiscal Task Force believes that decisions regarding the placement of a child should be made by a child and family team and within the framework of the CPM. The child and family team includes individuals who are invested in and responsible for the child's and family's well-being. The CPM Fiscal Task Force believes these are the people who should make decisions regarding a child's placement.

An IPC should not supersede decisions about placement made by a properly constituted child and family team acting in compliance with the CPM. While decisions made by the child and family team are expected to be based upon the goals and needs of the child and family, decisions made by the IPC may instead be driven by available resources.

The CPM Fiscal Task Force believes that access to needed out of home care should be based upon need rather than available resources. The role and continued use of IPCs should be reviewed and updated to ensure access to out-of-home care is not based upon the availability of resources. Therefore, the CPM Fiscal Task Force recommends that CDSS and DHCS work with CWDA, CMHDA and other stakeholders to explore the role and continued viability of IPCs, and to propose any necessary statutory amendments to clarify their role.

3. Resources to Provide Additional Services

This section of the proposal contains recommendations intended to assist counties with identifying resources to provide additional mental health and other non-traditional[2] services to children and youth in the child welfare system. One component discusses strategies to reinvest cost savings realized from reduced group home placements into mental health services. A second component discusses strategies to maximize federal financial participation (FFP) in the delivery of child welfare and mental health services. The third component recommends existing funding sources that might be used to provide non-traditional services.

3.1. Reinvesting Savings into Child Welfare and Mental Health Services

As counties experience savings from reduced group home placements and improved child well-being, they may want to reinvest those savings into programs and services that benefit children in the child welfare system who need mental health treatment. This

[2] Non-traditional services refer to those services that are not typically eligible for federal reimbursement. For example, in the California Wraparound program, these kinds of services might have been paid for with what is referred to as flexible funds.

section includes recommendations intended to assist county child welfare and mental health departments with reinvesting cost savings into programs and services that benefit children and youth in the child welfare system who need community support and mental health treatment.

Recommendation 3.1.1 – The California Department of Social Services and the Department of Health Care Services Should Explore with Stakeholders Opportunities for County Child Welfare and Mental Health Departments to Share Resources in Providing Care to Children and Youth in the Child Welfare System Who Need Mental Health Treatment

Some county child welfare and mental health departments have jointly implemented programs that serve children in the child welfare system who need mental health treatment that resulted in reductions in group home placements and improvements in child well-being. As the number of placements and/or average lengths of stay declined and child well-being improved, counties may have realized cost savings. These cost savings may have been reinvested into jointly administered programs that serve children in the child welfare system who need mental health treatment.

The CDSS and DHCS, in consultation with stakeholders, should explore how counties realized cost savings from these jointly administered programs, how those cost savings were reinvested, and identify any barriers that county child welfare and mental health departments experience when attempting to share resources. The CPM Fiscal Task Force further recommends that CDSS and DHCS work with CWDA, CMHDA and other stakeholders to explore opportunities to reduce such barriers to reinvesting savings into jointly administered programs. Title IV-E waivers may provide opportunities for participating counties to reinvest cost savings, as well.

Recommendation 3.1.2 – The California Department of Social Services and California Department of Health Care Services Should Explore with Stakeholders Jointly Publishing a Document that Describes how County Child Welfare and Mental Health Departments May Negotiate Agreements to Share the Fiscal Risks and Benefits Associated with Group Home Placements

As a tool for facilitating expansion of mental health services for children at risk of placement in group homes or for children who could be transitioned out of group homes, county child welfare and mental health departments may pursue arrangements that share in the financial risks and benefits of strategies designed to reduce the use of group homes and improve child well-being. These arrangements recognize the joint responsibility of county child welfare and mental health departments for a child's permanent placement and well-being. Counties may pursue strategies to mitigate risks and share in the benefits to build partnerships between county child welfare and mental health departments.

For example, county child welfare departments might reinvest known savings from reduced out of home care into expanded mental health or other services that are designed to prevent out-of-home care, including group home placements. This is an example of sharing in the benefits of reduced out of home care. County child welfare departments might invest anticipated savings into expanded mental health or other services that are designed to prevent out-of-home care, including group home placements, and the mental health department might agree to share in the financial risk associated with such an arrangement. A Title IV-E waiver may provide new opportunities for these kinds of arrangements, which could be formalized in a memorandum of understanding between the two departments. The CPM Fiscal Task Force recommends that CDSS and DHCS work with CWDA, CMHDA and other stakeholders to explore publishing a document that describes how counties may negotiate agreements to share fiscal risks and benefits associated with group home placements.

Recommendation 3.1.3 – The California Department of Social Services and Department of Health Care Services Should Work with County Child Welfare and Mental Health Departments to Determine how the Core Practice Model will Impact Workload for Child Welfare Workers and Mental Health Clinicians

The CPM will likely result in individual child welfare workers and mental health clinicians screening, assessing, and working jointly together to serve more children, youth, and families than they did prior to implementation of the CPM. As a result, county child welfare and mental health departments will need to increase the overall number of child welfare workers and mental health clinicians, or increase the workload for some of the workforce. These changes may place additional demands on limited county resources.

At the same time, the CPM is expected to generate cost savings by providing services that are more effective. Children and youth are expected to spend less time in out-of-home care and experience improved well-being. Some of the resulting cost savings may be used to support the kind of training and coaching that is needed to sustain the practice model and lower caseloads. However, actual impacts have not been studied. The CPM Fiscal Task Force recommends that CDSS and DHCS work with county child welfare and mental health departments to determine how the CPM will impact the workload of child welfare workers and mental health clinicians.

3.2. Maximizing Federal Financial Participation

County child welfare and mental health departments receive FFP for the cost of providing out-of-home care and specialty mental health services respectively. This section contains recommendations that may assist counties with accessing additional FFP to support the services provided to children and youth in the child welfare system who need mental health treatment.

Recommendation 3.2.1. – The Department of Health Care Services Should Seek Additional Resources to Provide Training and Technical Assistance to County Mental Health Departments to Assist with Proper Documentation and Claiming for Medi-Cal Specialty Mental Health Services

Specialty mental health services are defined in Title 9 of the California Code of Regulations. To be eligible for reimbursement, a service must meet a number of criteria. One of those criteria is proper chart documentation. The DHCS conducts chart audits and disallows claims when a service is not properly documented. With added clinical resources and in consultation with CMHDA, DHCS may be able to provide additional training and technical assistance regarding proper documentation to county mental health departments. The CPM Fiscal Task Force recommends that DHCS seek additional resources in order to provide training and technical assistance to counties regarding proper documentation and claiming for Medi-Cal specialty mental health services. To the extent practicable, such training and related materials should be made available to service providers, as well.

Recommendation 3.2.2. – The California Department of Health Care Services Should Work with the California Mental Health Directors Association to Improve the Provider Enrollment Process

In order to claim reimbursement for the cost of eligible services provided to eligible beneficiaries, a provider must be certified to render Medi-Cal services. Counties are responsible for certifying the majority of their contracted providers. Once a county has certified a contract provider, other counties may submit appropriate paperwork to DHCS to utilize the same provider without needing to certify the provider themselves. The CPM Fiscal Task Force recommends that DHCS work with CMHDA to improve this process.

3.3. Funding Sources for the Non-Federal Share of Title XIX Services and Non-Traditional Services

This section of the proposal catalogues additional sources of funds that may be used as the non-federal share for FFP, as well as to provide non-traditional services.

Recommendation 3.3.1 – The California Department of Social Services and the Department of Health Care Services Should Work with Stakeholders to Prepare for Local Government Agencies and Organizations a Catalogue of Funding Sources Which May be Used to Finance the Non-Federal Share of Title XIX Services, as Well as Non-Traditional Mental Health Services

The State distributes a variety of funds to local government agencies and organizations that may be used to finance the non-federal share of Medi-Cal specialty mental health services and/or to provide non-traditional services. These funding sources include, but are not limited to the following:

- Local Health and Welfare Trust Fund – Social Services Account
- Local Health and Welfare Trust Fund – Mental Health Account
- Local Mental Health Services Fund
- Federal Mental Health Block Grant funds
- School Funding for Educationally Related Mental Health Services

The CPM Fiscal Task Force recommends that CDSS and DHCS work with stakeholders to prepare jointly a catalogue of resources that may be utilized to finance delivery of Medi-Cal specialty mental health services and other non-traditional services, and distribute the catalogue to local government agencies and organizations.

Recommendation 3.3.2 – The California Department of Social Services and the Department of Health Care Services Should Continually Collaborate with County Child Welfare and Mental Health Departments to Seek Federal Grants or Waivers and Foundation Grants that Would Support Implementation of the Core Practice Model

The federal government and foundations offer grants that the State and counties might use to support efforts to implement the CPM. The CPM Fiscal Task Force recommends that CDSS, DHCS, CWDA, CMHDA and other stakeholders continually collaborate to seek federal grants and waivers and foundation grants that support implementation of the CPM.